



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

April 5, 2012

Ms. Diane Sullivan, Administrator  
The Pines At Rutland Center For Nursing And Rehabi  
99 Allen Street  
Rutland, VT 05701

Provider #: 475018

Dear Ms. Sullivan:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **March 8, 2012**. Please post this document in a prominent place in your facility.

We will follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED  
Division of PRINTED: 03/19/2012  
FORM APPROVED  
MAR 30 12 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 01</b> B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED  <b>03/08/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE PINES AT RUTLAND CENTER FOR NURSING AND REHABI</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 ALLEN STREET RUTLAND, VT 05701</b>
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K 000	INITIAL COMMENTS	K 000		
K 018 SS=D	<p>An unannounced on-site Life Safety Code inspection was completed by the Division of Fire Safety on 3/8/12. The following are violations of Life Safety Code requirements.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that smoke doors in 1 applicable area of 1 floor close properly. Evidence includes:</p> <p>Per observation on 3/8/12, accompanied by the Head of Facilities, the corridor smoke doors on the fourth floor near room 417 did not close</p>	<p><b>K018</b> The corridor smoke door, near room 417, has been sanded down and closes properly.</p> <p>Corridor smoke doors were inspected to ensure that they close properly.</p> <p>Corridor smoke doors will be routinely checked, at least weekly, to ensure that they close properly.</p> <p>Findings from weekly checks will be reported to the Quality Assurance Committee, monthly, and reviewed and monitored by the Administrator.</p> <p>Completion Date: 3/9/12</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

*3/26/12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*PMC*

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K 018	Continued From page 1	K 018	K020 The small portions of structural beams, in the stairwells, that were missing fire spray proofing, have been patched with a 4 hour fire resistance spray proofing. Monthly checks will be completed to ensure that fire spray proofing of the structural beams remains intact. Findings of the monthly checks will be reported to the Quality Assurance Committee monthly, and reviewed and monitored by the Administrator. Completion Date: 3/21/12		
K 020 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that stairways have a fire resistance rating of at least one hour. Evidence included:  Per observation on 3/8/12, accompanied by the Head of Facilities, there are portions of the structural beams in the egress stairways that are missing the required fire spray proofing.	K 020			
K 034 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure stairways are in accordance with 7.2. Evidence includes:  Per observation on 3/8/12, accompanied by the Head of Facilities, the open stairway guards do not meet the requirements outlined in section 7.2.2.4.5.3 of the 2006 Life Safety Code.	K 034	K034 There is a plan and contract with a local welding company (Melanson Company) to add guards to the open portion of the current stairway rails and guards, in order to meet the cited requirements. Completion Date: 5/14/12		

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K 056 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure that the sprinkler system is properly maintained in accordance with NFPA 25 in 1 applicable area of the facility. Evidence includes:</p> <p>Per observation on 3/8/12, accompanied by the Head of Facilities, a light fixture was suspended from a sprinkler pipe in the first floor mechanical room housing the sprinkler control valve.</p>	K 056	<p><b>K56</b> The light fixture has been relocated and is suspended directly to the ceiling. No other light fixtures were found to be suspended from pipes. No other remedies were necessary. Completion date: 3/16/12</p>		
K 064 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p>	K 064	<p><b>K064</b> The fire extinguisher located in the Recreation Room has been replaced with a new extinguisher. Monthly checks of fire extinguishers are currently performed and will now include looking for rust or peeling paint. Findings will be reported to the Quality Assurance Committee monthly, and reviewed and monitored by the Administrator. Completion Date: 3/15/12</p>		

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K 064	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure one fire extinguisher is in accordance with 9.7.4.1. Evidence includes:  Per observation on 3/8/12, accompanied by the Head of Facilities, the fire extinguisher located in the Recreation Room is rusted and starting to pit, with paint peeling off the extinguisher.	K 064			
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that ventilating systems comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications in one area of the facility. Evidence includes:  Per observation on 3/8/12, accompanied by the Head of Facilities, the dryer vents are open to the exterior with no screens in place to prevent birds or small animals from entering the exhaust ductwork when the dryers are not in use.	K 067	K067 New screen has been installed on the exterior vents. Monthly rounds will be performed to ensure that the screens remain in place. Findings of the monthly rounds will be reported to the Quality Assurance Committee monthly, and reviewed and monitored by the Administrator. Completion Date: 3/14/12		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 069			

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K 069	Continued From page 4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that cooking facilities are protected in accordance with 9.2.3. Evidence includes:  1. Per observation on 3/8/12, accompanied by the Head of Facilities, the kitchen hood make-up air vent located on the roof was blocked by a piece of plywood. This is restricting the required flow of make-up air for the gas appliances in the kitchen.  2. Per observation on 3/8/12, accompanied by the Head of Facilities, there are louvers missing on the roof-top fans for the kitchen hood. This allows debris and birds to have access to the interior portion of the fans when the fans are not in operation.	K 069	K069 New screen has been installed on the rooftop vent to the kitchen make-up air, and to the roof top kitchen hood fans. Monthly rounds will be performed in order to ensure that the screens remain in place. Findings of the monthly rounds will be reported to the Quality Assurance Committee monthly, and reviewed and monitored by the Administrator. Completion Date: 3/14/2012		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10  This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure means of egress are continuously maintained free of all obstructions for 2 applicable stairways. Evidence includes:  Per observation on 3/8/12, accompanied by the	K 072	K072 Stored items in the stairwells were removed. Weekly rounds will be performed in order to ensure continued compliance. Findings of the weekly rounds will be reported to the Quality Assurance Committee, and reviewed and monitored by the Administrator. Completion Date: 3/9/12		

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K 072	Continued From page 5	K 072			
K 147 SS=E	<p>Head of Facilities, two egress stairways are being used for combustible and non-combustible storage.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2. Evidence includes:</p> <p>Per observation on 3/8/12, accompanied by the Head of Facilities:</p> <p>1. An extension cord was being used to supply power to the computer wireless internet system. The cord was plugged into an outlet on the second floor Physical Therapy room then through a fire damper opening into the second floor electrical room for the wireless internet. Extension cords are not permitted to be used in place of permanent wiring.</p> <p>2. The exterior GFCI (Ground Fault Circuit Interrupter) outlet located at the employee entrance did not internally trip to disconnect power at the outlet when tested.</p> <p>3. There are fluorescent lights in the first floor mechanical and storage areas that are suspended by chain from the rigid metal electrical conduit. This is not permitted in accordance with section 300.11 (B) of the 2011 NFPA National</p>	K 147	<p><b>K147</b></p> <ol style="list-style-type: none"> <li>1. A new outlet was installed and the extension cord was removed.</li> <li>2. A new outlet has been installed with a GFCI on the exterior of the building.</li> <li>3. The light fixture is now suspended from the ceiling.</li> <li>4. A new outlet was installed for the ice machine.</li> <li>5. A new cord/cable was installed on the ice machine.</li> <li>6. The access doors have been screwed shut.</li> <li>7. New outlets were installed in the employee lounge, for the vending machines.</li> </ol> <p>Weekly rounds will be performed in order to ensure that extension cords are not in use for anything other than a temporary use. Findings of the rounds will be reported to the Quality Assurance Committee, and reviewed and monitored by the Administrator. Completion Date: 3/16/12</p>		

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K 147	Continued From page 6 Electrical Code.  4. The ice machine in the kitchen is plugged into an outlet strip. Additional outlets must be provided so as not to overload the outlet strip.  5. The top portion of the ice machine in the kitchen is fed power by non-metallic sheathed electrical cable. This type of cable is utilized for permanent wiring methods and not permitted for this use.  6. The access doors to the hot water heaters located in the first floor mechanical room were not secured in the closed position. This allows anyone to have access to the 208 volt, 3 phase buss fuse assembly located just inside of the access doors.  7. A vending machine and a coin changer in the employees' lunch room were plugged into an outlet strip which is not designed for this type of use.	K 147			

K018 through K147 POC's accepted 3/27/12 JBenard / Amc...